

**City of Saint Paul Department of Fire and Safety Services  
Event Participation Request**

**Type of Event:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Time requested for Fire Department Appearance:** \_\_\_\_\_

**Time of Event: From:** \_\_\_\_\_ **to** \_\_\_\_\_

**Type of Rig Requested: Medic** \_\_\_\_\_ **Fire** \_\_\_\_\_

**Approximate Anticipated Attendance:** \_\_\_\_\_

**IMPORTANT:** *(Daytime hours please 8:00 a.m. - 4:00 p.m.)*

**Contact's Name:** \_\_\_\_\_

**Contact's Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Fire vehicle to be parked:** *(Please have an area where we can park the rig, be specific)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other important information we may need to know or you would like to request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(For Office Use: Confirmation sent: \_\_\_\_\_)*